

Figure 1

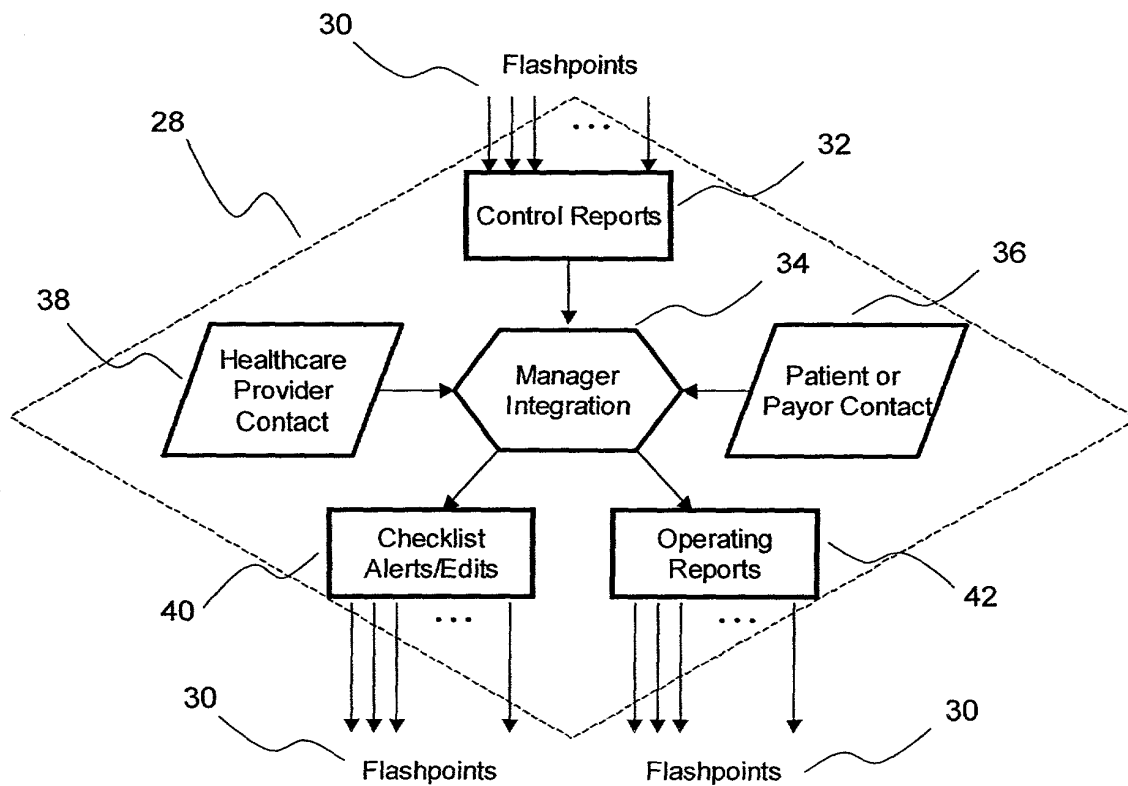


Figure 2

44

46

Flashpoint	Activities	Required Information
PRE-REGISTRATION	<ol style="list-style-type: none"> 1. Must complete required demographic fields. Minimum fields. 2. Must complete insurance information. 3. Interface with scheduling and other departments i.e., surgery, laboratory, x-ray, etc. 4. Alerts to complete authorization process. 5. Alerts to complete insurance verification process. Interactive online with Medicare, Card and other electronic payors. 6. Automated Checklist 7. Automated Deposit Calculation 	<ol style="list-style-type: none"> 1. Report of information needed prior to service. 2. Report of information needed by patient in date of service order i.e. authorization, demographics, insurance information, etc.

Figure 3a

INCOMPLETE PRE-REGISTRATION REPORT

48

Planned Date	Account #	Name	Type of Service	Outstanding Item	Responsible Party

Figure 3b

50

52

Flashpoint	Activities	Required Information
ADMISSION/ REGISTRATION	<ol style="list-style-type: none"> Obtain all open items when patient presents. Automated checklist of required information. <ol style="list-style-type: none"> Signed forms Scanned copy of insurance card Carrier specific forms signed. Payor specific edits, i.e. 72 hour rule, observation, etc. Assigns all profiles. Automated deposit calculation. 	<ol style="list-style-type: none"> Report of all open missing items for that day of service. Day end report of incomplete registrations.

Figure 4a

INCOMPLETE REGISTRATION REPORT

54

Date of Admit	Account #	Name	Type of Service	Outstanding Item	Responsible Party

Figure 4b

56

58

Flashpoint	Activities	Required Information
IN-HOUSE	<ol style="list-style-type: none"> Benefit depletion review Re-certification/Authorization alerts 	<ol style="list-style-type: none"> Report of potential benefit problem. Report of potential authorization problems. Report of incomplete information patients.

Figure 5a

BENEFIT DEPLETION REPORT

60

62

Account #	Name	FC	Admit Date	Balance	Max Benefit \$	Days Max	Responsible Party

Figure 5b

CERTIFICATIONS/AUTHORIZATIONS EXPIRING REPORT

Date Expires	Account #	Name	Balance	Admit Date	FC	Ins. Co.	Phone #	Responsible Party

Figure 5c

64

66

68

Flashpoint	Activities	Required Information
DISCHARGE	<ol style="list-style-type: none"> 1. Formal discharge edit with outstanding items highlighted. 2. Apply all billing edits. 	<ol style="list-style-type: none"> 1. List of daily discharges. 2. List of information needed. 3. Medical records reports to prioritize outstanding uncoded accounts.

Figure 6a

72

URGENT INFORMATION OUTSTANDING REPORT

Admit Date	Account #	Name	FC	Days to Bill	Info. Needed	Responsible Party

Figure 6b

70

74

DISCHARGE BILLING EDITS REPORT

Billing Date	Account #	Name	FC	Balance	Info. Needed/Edit	Responsible Party

Figure 6c

76 78

Flashpoint	Activities	Required Information
SUSPENSE	1. Work all billing edits.	1. Error report.

Figure 7a

SUSPENSE REPORT

82

Billing Date	Days Beyond Billing Date	Account #	Name	FC	Balance	Info. Needed/Edit	Responsible Party

Figure 7b

80

84

88

Flashpoint	Activities	Required Information
BILLING	<ol style="list-style-type: none"> 1. Separates and directs claim electronically if possible. 2. Hard copy claims are dropped by type. 3. Account is updated with receipt stamp indicating claim was received or mailed. 4. Account is tagged for follow-up date per profile. 5. Automatic adjustment is made to each account based upon the profiled insurance. 	<ol style="list-style-type: none"> 1. Report of all claims old enough to bill but not clearing edits. 2. Listing of all billed claims by day. 3. A report/log is maintained by payor for adjustments to each account is detailed. 4. Reconciliation to all out-patient registration and discharges.

Figure 8

90

92

Flashpoint	Activities	Required Information
FOLLOW-UP/ COLLECTIONS	1. Automated tickler file with follow-ups.	1. Follow-up listing based upon criteria including: <ul style="list-style-type: none"> a. Account age b. Financial class c. Balance d. Account groupings 2. Report of all accounts with variances to original denials.

Figure 9a

FOLLOW-UP REPORT

94

98

Account #	Name	Discharge Date	Follow-Up Date	Days Out	FC	Responsible Party

Figure 9b

CONTRACTUAL ADJUSTMENT EXCEPTION REPORT

Account #	Name	Expected Payment	Actual Payment	Variance	Current Balance	Ins. Co.

98

Figure 9c

FOLLOW-UPS BY REPRESENTATIVE REPORT

100 Representative :

Account #	Name	FC	Discharge Date	Balance	Scheduled Follow-Up Date

Figure 9d

102

100
101
102
103
104
105
106
107
108
109
110
111
112
113
114
115
116
117
118
119
120
121
122
123
124
125
126
127
128
129
130
131
132
133
134
135
136
137
138
139
140
141
142
143
144
145
146
147
148
149
150
151
152
153
154
155
156
157
158
159
160
161
162
163
164
165
166
167
168
169
170
171
172
173
174
175
176
177
178
179
180
181
182
183
184
185
186
187
188
189
190
191
192
193
194
195
196
197
198
199
200
201
202
203
204
205
206
207
208
209
210
211
212
213
214
215
216
217
218
219
220
221
222
223
224
225
226
227
228
229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275
276
277
278
279
280
281
282
283
284
285
286
287
288
289
290
291
292
293
294
295
296
297
298
299
300
301
302
303
304
305
306
307
308
309
310
311
312
313
314
315
316
317
318
319
320
321
322
323
324
325
326
327
328
329
330
331
332
333
334
335
336
337
338
339
340
341
342
343
344
345
346
347
348
349
350
351
352
353
354
355
356
357
358
359
360
361
362
363
364
365
366
367
368
369
370
371
372
373
374
375
376
377
378
379
380
381
382
383
384
385
386
387
388
389
390
391
392
393
394
395
396
397
398
399
400
401
402
403
404
405
406
407
408
409
410
411
412
413
414
415
416
417
418
419
420
421
422
423
424
425
426
427
428
429
430
431
432
433
434
435
436
437
438
439
440
441
442
443
444
445
446
447
448
449
450
451
452
453
454
455
456
457
458
459
460
461
462
463
464
465
466
467
468
469
470
471
472
473
474
475
476
477
478
479
480
481
482
483
484
485
486
487
488
489
490
491
492
493
494
495
496
497
498
499
500
501
502
503
504
505
506
507
508
509
510
511
512
513
514
515
516
517
518
519
520
521
522
523
524
525
526
527
528
529
530
531
532
533
534
535
536
537
538
539
540
541
542
543
544
545
546
547
548
549
550
551
552
553
554
555
556
557
558
559
560
561
562
563
564
565
566
567
568
569
570
571
572
573
574
575
576
577
578
579
580
581
582
583
584
585
586
587
588
589
590
591
592
593
594
595
596
597
598
599
600
601
602
603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648
649
650
651
652
653
654
655
656
657
658
659
660
661
662
663
664
665
666
667
668
669
670
671
672
673
674
675
676
677
678
679
680
681
682
683
684
685
686
687
688
689
690
691
692
693
694
695
696
697
698
699
700
701
702
703
704
705
706
707
708
709
710
711
712
713
714
715
716
717
718
719
720
721
722
723
724
725
726
727
728
729
730
731
732
733
734
735
736
737
738
739
740
741
742
743
744
745
746
747
748
749
750
751
752
753
754
755
756
757
758
759
760
761
762
763
764
765
766
767
768
769
770
771
772
773
774
775
776
777
778
779
780
781
782
783
784
785
786
787
788
789
790
791
792
793
794
795
796
797
798
799
800
801
802
803
804
805
806
807
808
809
810
811
812
813
814
815
816
817
818
819
820
821
822
823
824
825
826
827
828
829
830
831
832
833
834
835
836
837
838
839
840
841
842
843
844
845
846
847
848
849
850
851
852
853
854
855
856
857
858
859
860
861
862
863
864
865
866
867
868
869
870
871
872
873
874
875
876
877
878
879
880
881
882
883
884
885
886
887
888
889
890
891
892
893
894
895
896
897
898
899
900
901
902
903
904
905
906
907
908
909
910
911
912
913
914
915
916
917
918
919
920
921
922
923
924
925
926
927
928
929
930
931
932
933
934
935
936
937
938
939
940
941
942
943
944
945
946
947
948
949
950
951
952
953
954
955
956
957
958
959
960
961
962
963
964
965
966
967
968
969
970
971
972
973
974
975
976
977
978
979
980
981
982
983
984
985
986
987
988
989
990
991
992
993
994
995
996
997
998
999
1000

OPERATING REPORT

104	{	Gross Accounts Receivable (A/R) Days
		Excluding Self-Pay
106	{	In-Patient (IP) A/R Days by Financial Class (FC)
		Out-Patient (OP) A/R Days by FC
		IP and OP A/R Days by FC
108	{	IP A/R Balance by FC
		OP A/R Balance by FC
		Commercial A/R Balance by FC
110	{	IP Revenue by FC
		OP Revenue by FC
		IP Average Daily Revenue (ADR) by FC
112	{	OP ADR by FC
		A/R Balance
114	{	Cash
		Goal
		Actual
		Variance
116	{	Unbilled \$
		In-Patient
		Out-Patient
		Total
		Unbilled Days

Figure 10a

118
120
122
124
126

118	{	Bad Debt Write-off
		Agency Placements
		Medicare Bad Debt
		Bad Debt Write-Off
		Charity Write-Off
		Other Write-Off
		Total Write-Off
	{	Bad Debt Recoveries
120	{	Credit Balance
		Amount
		No. of Accounts
122	{	Revenue by Service
		In-Patient
		Out-Patient
		Total Revenue
124	{	Days In Month
126	{	Average Daily Revenue by Service
		In-Patient
		Out-Patient
		Total

Figure 10b

128

Formula/Description	Source
Average Daily Revenue = Prior 3 months revenue ÷ # of days in prior 3 months	Prior 3 months revenue = Financial Class Revenue Summary
Gross A/R Days = Month end debit A/R ÷ Average Daily Revenue	A/R = Aged A/R Analysis

Figure 11a

130

132

Revenue Item	Standard for Comparison
Gross A/R Days	52
Medicare Days	32
Medicaid Days	45
Blue Cross Days	35
Commercial HMO/PPO Days	57
Self-Pay Days	62
In-Patient Days	50
Out-Patient Days	60
Ambulatory Surgery Days	48
Emergency Room Days	57
Clinic Days	30

Figure 11b

134

Item	Formula/Description	Source	Standard
Total A/R	This figure represents the total debit accounts receivable. Excludes credits and bad debts.	Aged A/R Analysis (Total)	ADR x 52
Total # of Accounts	Total number of patient accounts with outstanding debit balances as of month end.	Aged A/R Analysis	2 x prior 2 months average # of total visits.
Credit Balance Dollars	The aggregate dollar amount of patient accounts with open credit balances.	Report Generator	Not to exceed 1.5 x average daily revenue, no credits over 6 months old.
Credit Balance #	The number of patient accounts comprising the credit balance accounts indicates the volume of work needed to resolve outstanding credit balance.	Report Generator	N/A

Figure 12a

136

Item	Formula/Description	Source	Standard
Total Unbilled \$	The dollars of charges that have been discharged (excludes in-house) but not billed. An important indicator of future cash flow and accounts receivable resolution delays.	Unbilled report as of month end plus account dollars at the biller's desk not sent as of month end.	5 x average daily revenue
Unbilled Over Suspense	The unbilled dollars represented by patient accounts that have passed beyond the four days of suspense but remain unbilled.	Unbilled report as of month end plus account dollars at the biller's desk not sent as of month end.	2 x average daily revenue
Unbilled Days	Total Unbilled \$ ÷ Total Average Daily Gross Revenue = Unbilled Days. The unbilled, discharged accounts expressed in number of days of revenue.	Total Unbilled \$ per this report. Total average daily revenue per this report.	4

Figure 12b

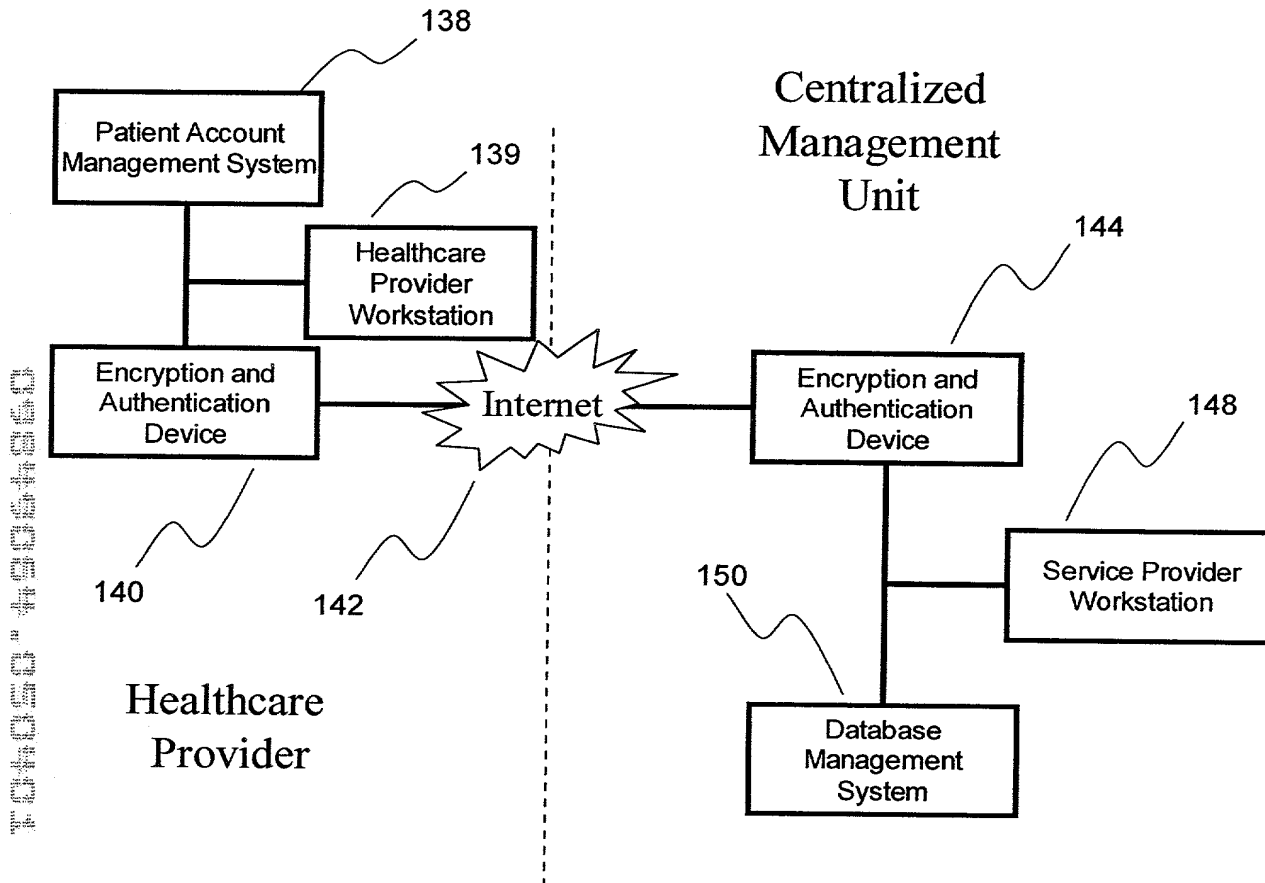


Figure 13

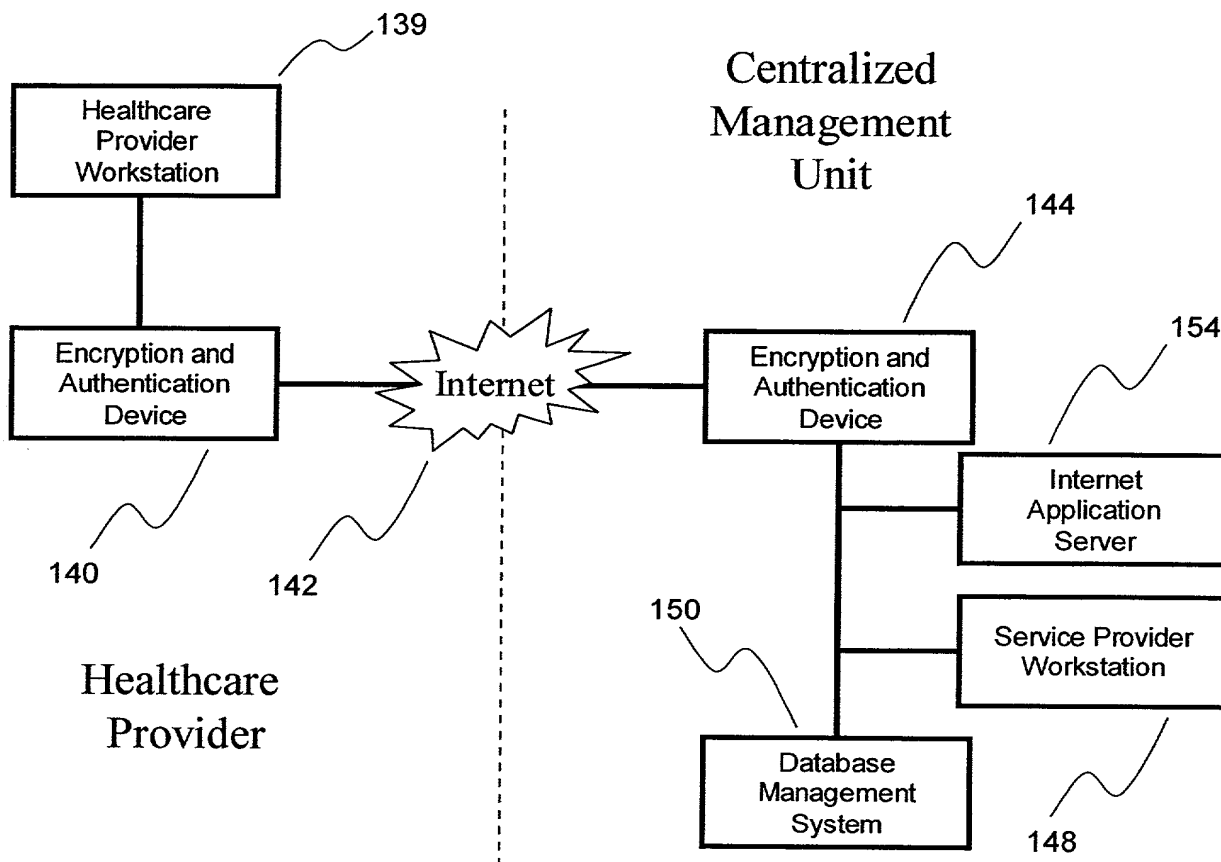


Figure 14